

Fill in this information to identify the case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF TEXASCase number (if known): _____ Chapter 7☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy**06/22**

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name Footprints Podiatric Medicine & Surgery, PLLC
2. All other names debtor used in the last 8 years
Include any assumed names, trade names and *doing business as* names
3. Debtor's federal Employer Identification Number (EIN) 2 7 - 1 5 7 7 0 1 1
4. Debtor's address

Principal place of business <u>11251 Woodridge Forest</u> Number Street <u>San Antonio TX 78249</u> City State ZIP Code <u>Bexar</u> County	Mailing address, if different from principal place of business Number Street P.O. Box City State ZIP Code Location of principal assets, if different from principal place of business Number Street City State ZIP Code
--	---
5. Debtor's website (URL) _____
6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify: _____

Debtor **Footprints Podiatric Medicine & Surgery, PLLC**

Case number (if known) _____

7. Describe debtor's business**A. Check one:**

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>

____ _

8. Under which chapter of the Bankruptcy Code is the debtor filing?

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

Check one:

- ☒ Chapter 7
☐ Chapter 9
☐ Chapter 11.

Check all that apply:

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, AND IT CHOOSES TO PROCEED UNDER SUBCHAPTER V OF CHAPTER 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy Under Chapter 11 (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- ☐ Chapter 12

Debtor **Footprints Podiatric Medicine & Surgery, PLLC**

Case number (if known) _____

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

If more than 2 cases, attach a separate list.

☒ No☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYYDistrict _____ When _____ Case number _____
MM / DD / YYYYDistrict _____ When _____ Case number _____
MM / DD / YYYY**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

List all cases. If more than 1, attach a separate list.

☐ No☒ Yes. Debtor **James Michael Bluhm** Relationship **Affiliate**District **Western, Texas** When **05/23/2024**

MM / DD / YYYY

Case number, if known **24-50943**

Debtor _____ Relationship _____

District _____ When _____

MM / DD / YYYY

Case number, if known _____

11. Why is the case filed in this district?*Check all that apply:*☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

Debtor **Footprints Podiatric Medicine & Surgery, PLLC**

Case number (if known) _____

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?**

Number Street

City

State

ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds**

Check one:

☐ Funds will be available for distribution to unsecured creditors.☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.**14. Estimated number of creditors**☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5,001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated assets**☒ \$0-\$50,000☐ \$50,001-\$100,000☐ \$100,001-\$500,000☐ \$500,001-\$1 million☐ \$1,000,001-\$10 million☐ \$10,000,001-\$50 million☐ \$50,000,001-\$100 million☐ \$100,000,001-\$500 million☐ \$500,000,001-\$1 billion☐ \$1,000,000,001-\$10 billion☐ \$10,000,000,001-\$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0-\$50,000☐ \$50,001-\$100,000☒ \$100,001-\$500,000☐ \$500,001-\$1 million☐ \$1,000,001-\$10 million☐ \$10,000,001-\$50 million☐ \$50,000,001-\$100 million☐ \$100,000,001-\$500 million☐ \$500,000,001-\$1 billion☐ \$1,000,000,001-\$10 billion☐ \$10,000,000,001-\$50 billion☐ More than \$50 billion

Debtor **Footprints Podiatric Medicine & Surgery, PLLC**

Case number (if known) _____

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **05/23/2024**
MM / DD / YYYY

X /s/ James Michael Bluhm

Signature of authorized representative of debtor

James Michael Bluhm

Printed name

President

Title

18. Signature of attorney

X /s/ Martin Seidler

Date **05/23/2024**

Signature of attorney for debtor

MM / DD / YYYY

Martin Seidler

Printed name

LAW OFFICES OF MARTIN SEIDLER

Firm name

One Elm Place, Suite 504

Number Street

11107 Wurzbach Road

San Antonio

City

TX

State

78230

ZIP Code

(210) 694-0300

Contact phone

18000800

Bar number

Marty@Seidlerlaw.com

Email address

TX

State

Fill in this information to identify the case:Debtor Name Footprints Podiatric Medicine & Surgery, PLLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number (if known): _____

☐ Check if this is an amended filingOfficial Form 206Sum**Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets--Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from Schedule A/B..... **\$0.00****1b. Total personal property:**Copy line 91A from Schedule A/B..... **\$20,609.79****1c. Total of all property**Copy line 92 from Schedule A/B..... **\$20,609.79****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D..... **\$396,000.00****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of Schedule E/F..... **\$0.00****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... **+ \$53,789.22****4. Total liabilities**Lines 2 + 3a + 3b..... **\$449,789.22**

Fill in this information to identify the caseDebtor name **Footprints Podiatric Medicine & Surgery, PLLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF TEXAS**Case number
(if known) _____☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets -- Real and Personal Property****12/15**

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of
debtor's interest**2. Cash on hand**

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of
account number**3.1. Checking account PNC Bank****Checking account****9 4 7 4****\$1,064.70****4. Other cash equivalents (Identify all)**

Name of institution (bank or brokerage firm)

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$1,064.70**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes. Fill in the information below.

Debtor **Footprints Podiatric Medicine & Surgery, PLLC**
Name

Case number (if known) _____

Current value of
debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$0.00**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes. Fill in the information below.

Current value of
debtor's interest**11. Accounts receivable**

11a. 90 days old or less:	<u>\$0.00</u>	—	<u>\$0.00</u>	= →	<u>\$0.00</u>
	face amount		doubtful or uncollectible accounts			

11b. Over 90 days old:	<u>\$420.09</u>	—	<u>\$0.00</u>	= →	<u>\$420.09</u>
	face amount		doubtful or uncollectible accounts			

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$420.09**Part 4: Investments****13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes. Fill in the information below.

Valuation method
used for current valueCurrent value of
debtor's interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$0.00**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes. Fill in the information below.

Debtor	Footprints Podiatric Medicine & Surgery, PLLC	Case number (if known) _____
	Name	

General description	Date of the last physical inventory MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies				
pneumatic boots (13); orthotics, even ups (3), post op shoes (10), cast covers (10), braces, duo shoe post op (2)				\$1,810.00
23. Total of Part 5 Add lines 19 through 22. Copy the total to line 84.				\$1,810.00
24. Is any of the property listed in Part 5 perishable?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____				
26. Has any of the property listed in Part 5 been appraised by a professional within the last year?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?				
<input checked="" type="checkbox"/> No. Go to Part 7.				
<input type="checkbox"/> Yes. Fill in the information below.				

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops--either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			
33. Total of Part 6. Add lines 28 through 32. Copy the total to line 85.			\$0.00
34. Is the debtor a member of an agricultural cooperative?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____			

Debtor **Footprints Podiatric Medicine & Surgery, PLLC**
Name

Case number (if known) _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☐ No
☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software			
pneumatic chairs (2); desk, file cabinets, 8 file cabinets, paper shredder, storage rack, small desk, metal supply cabinet, light stand, kick bucket, xray light board, ethernet port, Mayo stands(2), mirror, water effect art, art, magazine rack (left in former office premises)			\$11,710.00
wheel chair; walker; cane, surgical bucked with wheels, various metal basins, shocwave machinek nail debrider with VAC; hyfrecator; cast saw, light board (2); autoclave; O2 tank; woods lamp; surgicial tools (at debtor's president's home)			\$4,495.00
4 computers with portal, printer, 2 phones, 1 scanner, 1 credit card scanner (at debtor's president's home)			\$1,110.00
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$17,315.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Debtor Footprints Podiatric Medicine & Surgery, PLLC Case number (if known) _____

Name

General descriptionInclude year, make, model, and identification numbers
(i.e., VIN, HIN, or N-number)**Net book value of
debtor's interest**
(Where available)**Valuation method
used for current value****Current value of
debtor's interest****47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles****48. Watercraft, trailers, motors, and related accessories** Examples: Boats
trailers, motors, floating homes, personal watercraft, and fishing vessels**49. Aircraft and accessories****50. Other machinery, fixtures, and equipment (excluding farm
machinery and equipment)****51. Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$0.00**52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☐ No
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**Description and location of property**Include street address or other description
such as Assessor Parcel Number (APN),
and type of property (for example,
acreage, factory, warehouse, apartment or
office building), if available.**Nature and extent
of debtor's interest
in property****Net book value of
debtor's interest**
(Where available)**Valuation method
used for current
value****Current value of
debtor's interest****56. Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- ☐ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 10: Intangibles and Intellectual Property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.
☐ Yes. Fill in the information below.

Debtor	Footprints Podiatric Medicine & Surgery, PLLC	Case number (if known)
	Name	

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property			
65. Goodwill			
66. Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			\$0.00
67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
69. Has any of the property listed in Part 10 been appraised by a professional within the last year?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
Part 11: All other assets			
70. Does the debtor own any other assets that have not yet been reported on this form? Include all interests in executory contracts and unexpired leases not previously reported on this form.			
<input checked="" type="checkbox"/> No. Go to Part 12.			
<input type="checkbox"/> Yes. Fill in the information below.			
71. Notes receivable			Current value of debtor's interest
Description (include name of obligor)			
72. Tax refunds and unused net operating losses (NOLs)			
Description (for example, federal, state, local)			
73. Interests in insurance policies or annuities			
74. Causes of action against third parties (whether or not a lawsuit has been filed)			
75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims			
76. Trusts, equitable or future interests in property			
77. Other property of any kind not already listed <i>Examples:</i> Season tickets, country club membership			
78. Total of Part 11. Add lines 71 through 77. Copy the total to line 90.			\$0.00
79. Has any of the property listed in Part 11 been appraised by a professional within the last year?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			

Debtor **Footprints Podiatric Medicine & Surgery, PLLC**
Name

Case number (if known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$1,064.70</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$420.09</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$1,810.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$17,315.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....</i> →		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>+\$0.00</u>	
91. Total. Add lines 80 through 90 for each column. 91a.	<u>\$20,609.79</u>	91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		<u>\$20,609.79</u>

Fill in this information to identify the case:

Debtor name **Footprints Podiatric Medicine & Surgery, PLLC**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
--	--

2.1	Creditor's name Small Business Administration	Describe debtor's property that is subject to a lien furniture, fixtures and equipment	\$110,000.00	\$20,609.79
	Creditor's mailing address Little Rock Comm.Loan Servicing	Describe the lien Loan / Agreement		
	2120 Riverfront Dr, Suite 100			
	Little Rock AR 72202	Is the creditor an insider or related party?		
	Creditor's email address, if known	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Date debt was incurred	Is anyone else liable on this claim?		
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply.		
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

For Checking account PNC Bank: 1) Small Business Administration. For accounts receivable: 1) Small Business Administration. For pneumatic boots (13); orthotics, even ups (3), post op shoes: 1) Small Business Administration. For 4 computers with portal, printer, 2 phones, 1 scanner, 1 credit card scanner (at debtor's president's home): 1) Small Business Administration. For pneumatic chairs (2); desk, file cabinets, 8 file cabinets, : 1) Welltower/Welltower OM Group; 2) Small Business Administration. For wheel chair; walker; cane, surgical bucked with wheels, vari: 1) Small Business Administration.

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**\$396,000.00**

Debtor **Footprints Podiatric Medicine & Surgery, PLLC**

Case number (if known) _____

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
**Value of collateral
 that supports
 this claim**

2.2	Creditor's name Welltower/Welltower OM Group Creditor's mailing address 4500 Dorr St. Toledo OH 43615 Creditor's email address, if known Date debt was incurred <u>2019</u> Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	Describe debtor's property that is subject to a lien furniture, fixtures and equipment Describe the lien Lease - 5882 Medical Dr. #107 / Agreement Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$286,000.00	\$11,710.00
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Fill in this information to identify the case:

Debtor Footprints Podiatric Medicine & Surgery, PLLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim Priority amount

2.1 Priority creditor's name and mailing address

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a)()

Debtor **Footprints Podiatric Medicine & Surgery, PLLC**

Case number (if known) _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">3.1</div> Nonpriority creditor's name and mailing address PNC Bank P. O. Box 1820 Dayton OH 45401-1820 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: line of credit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,000.00
<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">3.2</div> Nonpriority creditor's name and mailing address Randolph Brooks FCU P.O. Box 2097 Universal City TX 78148 Date or dates debt was incurred 2024 Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Loan Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,329.00
<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">3.3</div> Nonpriority creditor's name and mailing address Superio Healthplan P. O. Box 3003 Farmington MO 63640 Date or dates debt was incurred 2/24 Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: alleged overpayment Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$460.22
<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">3.4</div> Nonpriority creditor's name and mailing address Texas Medicaid & Healthcare P.O. Box 202948 Austin TX 78720-2948 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: disputed chargebacks Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor **Footprints Podiatric Medicine & Surgery, PLLC**

Case number (if known) _____

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	5282 Medical Drive, LLC c/o Crystal REIT investors, LLC P. O. Box 735041 Dallas TX 75373	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.2	American Express Attn: Bankruptcy Dept. P. O. Box 981535 El Paso TX 79998	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.3	AT&T Bankruptcy Center 2270 Lakeside Blvd. 7th Fl. Richardson TX 75082	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.4	AT&T Bankruptcy Dept. P. O. Box 769 Arlington TX 76004	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.5	Availity P. O. Box 550857 Jacksonville FL 32255	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.6	Bexar Appraisal District P.O. Box 839946 San Antonio TX 78283-3946	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: taxes	_____

Debtor **Footprints Podiatric Medicine & Surgery, PLLC**

Case number (if known) _____

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.7	Bexar County c/o Don Stecker 112 E. Pecan St. #2200 San Antonio TX 78205	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: taxes	____ _
4.8	DAS Health 1000 N. Ashley Dr. #360 Tampa FL 33602	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	____ _
4.9	Doctor Multimedia Website 3750 S. Las Vegas Blvd. #2702 Las Vegas NV 89158	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	____ _
4.10	Hartford Insurance 200 Colonial Parkway #500 Lake Mary FL 32746	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	____ _
4.11	Hartford Underwriters Ins. Co. c/o IAS Inc. Dep #6485 Birmingham AL 35246	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: insurance	____ _
4.12	Internal Revenue Service Special Proc Insolv Sec P. O. Box 7346 Philadelphia PA 19101	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	____ _
4.13	Internal Revenue Service Special Procedures Group 300 E 8th St. STOP 5022AUS Austin TX 78701	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	____ _

Debtor **Footprints Podiatric Medicine & Surgery, PLLC** Case number (if known) _____**Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.14	James Michael Bluhm 11251 Woodrige Forest San Antonio TX 72849	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.15	Jerry Dennard 3250 Mid Hollow Dr. San Antonio TX 78230	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.16	Jose C. Rodriguez, Trustee 1101 W. 34th St. #223 Austin TX 77805 Chapter 7 Trustee in case No 25-50943 James Michael Bluhm	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice only	_____
4.17	Med Protective Group 23289 Network Place Chicago IL 60673	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.18	Mirion Technologies Inc. P.O. Box 101301 Pasadena CA 91189	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.19	Small Business Administration 801 Tom Martin Drive #120 Birmingham AL 35211	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____

Debtor **Footprints Podiatric Medicine & Surgery, PLLC** Case number (if known) _____**Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.20	Texas Attorney General P.O. Box 12548 Austin TX 78711	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.21	Texas Department of Human Services P.O. Box 149055 Austin TX 78714-0055	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Possible Claim	_____
4.22	Texas Medicaid 12365a Riata Trace Parkway Ausitn TX 78727	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice only	_____
4.23	Texas Workforce Commission TWC Revenue & Trust Mgmt P.O. Box 149346 Austin TX 78714	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice only	_____
4.24	Texas Workforce Commission 101 E. 15th St., Rm 354 Main Austin TX 78778	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.25	Tmobile 5238 DeZavala Rd. #111 San Antonio TX 72849	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.26	United States Attorney Attn: AUSA 601 N.W. Loop 410, #600 San Antonio TX 78216	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Internal Revenue Service/SBA	_____

Debtor **Footprints Podiatric Medicine & Surgery, PLLC** Case number (if known) _____**Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.27	Well Tower OM Group c/o James W. Jennings III 67 Stonewall Bend San Antonio TX 78256	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	____ _ ____ _ ____ _ ____ _
4.28	Zoom 55 Alameda Blvd, 6th Fl. San Jose CA 95113	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	____ _ ____ _ ____ _ ____ _

Debtor Footprints Podiatric Medicine & Surgery, PLLC Case number (if known) _____**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**

5a. Total claims from Part 1	5a.	<u>\$0.00</u>
5b. Total claims from Part 2	5b. +	<u>\$53,789.22</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	<div style="border: 2px solid black; padding: 2px;"><u>\$53,789.22</u></div>

Fill in this information to identify the case:Debtor name Footprints Podiatric Medicine & Surgery, PLLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF TEXASCase number (if known) _____ Chapter 7☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases**12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**

- ☒ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Fill in this information to identify the case:Debtor name **Footprints Podiatric Medicine & Surgery, PLLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF TEXAS**Case number
(if known)☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors**12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor*

Check all schedules that apply:

- | Name | Mailing address | Name | |
|--------------------------------|---|-------------------------------------|---|
| 2.1 James Michael Bluhm | 11251 Woodridge Forest
<small>Number Street</small> | PNC Bank | <input type="checkbox"/> D
<input checked="" type="checkbox"/> E/F
<input type="checkbox"/> G |
| | San Antonio TX 72849
<small>City State ZIP Code</small> | | |
| 2.2 James Michael Bluhm | 11251 Woodridge Forest
<small>Number Street</small> | United States Attorney | <input type="checkbox"/> D
<input checked="" type="checkbox"/> E/F
<input type="checkbox"/> G |
| | San Antonio TX 72849
<small>City State ZIP Code</small> | | |
| 2.3 James Michael Bluhm | 11251 Woodridge Forest
<small>Number Street</small> | Welltower/Welltower OM Group | <input checked="" type="checkbox"/> D
<input type="checkbox"/> E/F
<input type="checkbox"/> G |
| | San Antonio TX 72849
<small>City State ZIP Code</small> | | |

Fill in this information to identify the case:

Debtor name **Footprints Podiatric Medicine & Surgery, PLLC**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/22**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply.

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2024 to _____
MM / DD / YYYY

Filing date

☒ Operating a business
☐ Other _____

\$22,698.80

For prior year:

From 01/01/2023 to _____
MM / DD / YYYY

12/31/2023
MM / DD / YYYY

☒ Operating a business
☒ Other undetermined

For the year before that:

From 01/01/2022 to _____
MM / DD / YYYY

12/31/2022
MM / DD / YYYY

☒ Operating a business
☐ Other _____

\$185,891.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None

Description of sources of revenue

Gross revenue
from each source
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 05/01/2024 to _____
MM / DD / YYYY

Filing date

sale of xray machine w/o computer

\$8,900.00

For prior year:

From 05/01/2023 to _____
MM / DD / YYYY

04/30/2024
MM / DD / YYYY

For the year before that:

From 05/01/2022 to _____
MM / DD / YYYY

04/30/2023
MM / DD / YYYY

Debtor **Footprints Podiatric Medicine & Surgery, PLLC**
Name

Case number (if known) _____

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1.	James Michael Bluhm <small>Insider's name</small> 11251 Woodridge Forest <small>Street</small> San Antonio TX 78249 <small>City State ZIP Code</small>	2/9/24	<u>\$5,000.00</u>	partial repayment of loan taken out by James Michael Bluhm from Randolph Brooks FCU.
	Relationship to debtor president			
4.2.	James Michael Bluhm <small>Insider's name</small> 111251 Woodridge Forest <small>Street</small> San Antonio TX 78249 <small>City State ZIP Code</small>	1/26/24	<u>\$18,700.00</u>	Partial transfer of funds from personal loan from president's children's 529 plans to debtor's president (total of \$40,000 borrowed by debtor's president and deposited into debtor's account).
	Relationship to debtor president			

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Debtor **Footprints Podiatric Medicine & Surgery, PLLC** Case number (if known) _____
 Name

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1. LAW OFFICES OF MARTIN SEIDLER		05/14/2024	\$4,500.00
Address			
One Elm Place, Suite 504			
Street			
11107 Wurzbach Road			
City State ZIP Code			
San Antonio TX 78230			
City State ZIP Code			
Email or website address			
Who made the payment, if not debtor?			

Debtor **Footprints Podiatric Medicine & Surgery, PLLC** Case number (if known) _____
Name

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

13. Transfers not already listed on this statement

List any transfers of money or other property--by sale, trade, or any other means--made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. Carolyn Lopez <hr/> Address 2038 Wilby Lane <small>Street</small> <hr/> San Antonio TX <small>City State ZIP Code</small> <hr/> Relationship to debtor mother of debtor's president	x-ray machine without computer controls \$7500 + \$1400. which was the approximate value of the machine	5/24	\$8,900.00

Part 7: Previous Locations
14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Debtor **Footprints Podiatric Medicine & Surgery, PLLC**
Name

Case number (if known) _____

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- ☐ diagnosing or treating injury, deformity, or disease, or
- ☐ providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

Facility name and address**Nature of the business operation, including type of services the debtor provides****If debtor provides meals and housing, number of patients in debtor's care****15.1. Footprints Podiatric Medicine & Surgery,**

Facility name

5282 Medical Drive #107

Street

San Antonio

City

TX

State

78229

ZIP Code

surgery (office closed in 2024)**Location where patient records are maintained**
(if different from facility address). If electronic, identify any service provider.**11251 Woodrige Forest, San Antonio, TX 78249. Electronic records kept on server at this location.****How are records kept?**

Check all that apply:

- ☒ Electronically
- ☒ Paper

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained
HIPAA protected patient medical information (secured patient medical records)

Does the debtor have a privacy policy about that information?

- ☐ No.
- ☒ Yes.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?
- ☐ No. Go to Part 10.
- ☐ Yes. Fill in below:

Debtor **Footprints Podiatric Medicine & Surgery, PLLC** Case number (if known) _____
 Name

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts, certificates of deposit, and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. Randolph Brooks Federal Credit Union Name Street City San Antonio State TX ZIP Code	XXXX- _ _ _ _	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	2024	

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Debtor **Footprints Podiatric Medicine & Surgery, PLLC**
Name

Case number (if known) _____

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?**

Include settlements and orders.

- ☒ No
☐ Yes. Provide details below.

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Provide details below.

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address		Dates of service	
		From	To
26a.1.	Jeanne Burnette, CPA	2010	2024
	Name		
	8207 Callaghan Rd. #240		
	Street		
	San Antonio	TX	78230
	City	State	ZIP Code

Debtor **Footprints Podiatric Medicine & Surgery, PLLC** Case number (if known) _____
 Name

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No.

☐ Yes. Give the details about the two most recent inventories.

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
James Michael Bluhm	11251 Woodridge Forest San Antonio, TX 78249	President	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
------	---------	-------------------------------------	---

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. James Michael Bluhm Name 11251 Woodbridge Forest Street San Antonio TX 78249 City State ZIP Code	compensation (approx) \$20,676.00	2024	compensation/reimb. pers. exp.
Relationship to debtor president			

Debtor **Footprints Podiatric Medicine & Surgery, PLLC** Case number (if known) _____
Name**Name and address of recipient****Amount of money or description
and value of property****Dates****Reason for
providing the value**

30.2. **James Michael Bluhm** compensation (approx) **2023** compensation/reimb. pers. exp.
 Name
11251 Woodbridge Forest
 Street

San Antonio TX 78249
 City State ZIP Code

Relationship to debtor
president

Name and address of recipient**Amount of money or description
and value of property****Dates****Reason for
providing the value**

30.3. **creditors of James Michael Bluhm** pmt of corp debt on personal 2023/2024 payment of corp. debt
 Name cards (total
11251 Woodbridge Forest amount
 Street undetermin
 ed)

San Antonio TX 78249
 City State ZIP Code

Relationship to debtor
president

Debtor paid
 corporate
 debt
 incurred on
 debtor's
 president's
 personal
 credit
 cards
 directly to
 credit card
 companies

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Debtor **Footprints Podiatric Medicine & Surgery, PLLC** Case number (if known) _____
 Name

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **05/23/2024**
 MM / DD / YYYY

X **/s/ James Michael Bluhm** Printed name **James Michael Bluhm**
 Signature of individual signing on behalf of the debtor
 Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

B2030 (Form 2030) (12/15)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION**

In re **Footprints Podiatric Medicine & Surgery, PLLC**

Case No. _____

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	<u>\$4,500.00</u>
Prior to the filing of this statement I have received.....	<u>\$4,500.00</u>
Balance Due.....	<u>\$0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

05/23/2024

Date

/s/ Martin Seidler

Martin Seidler

LAW OFFICES OF MARTIN SEIDLER

One Elm Place, Suite 504

11107 Wurzbach Road

San Antonio, Texas 78230

Phone: (210) 694-0300 / Fax: (210) 690-9886

Marty@Seidlerlaw.com

Bar No. 18000800

/s/ James Michael Bluhm

James Michael Bluhm

President

Fill in this information to identify the case and this filing:Debtor Name Footprints Podiatric Medicine & Surgery, PLLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF TEXASCase number _____
(if known)Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors****12/15**

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/23/2024
MM / DD / YYYY

X /s/ James Michael Bluhm
Signature of individual signing on behalf of debtor

James Michael Bluhm

Printed name

President

Position or relationship to debtor

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION**

IN RE: **Footprints Podiatric Medicine & Surgery, PLLC**

CASE NO

CHAPTER **7**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 5/23/2024

Signature /s/ James Michael Bluhm
James Michael Bluhm
President

Date _____

Signature _____

5282 Medical Drive, LLC
c/o Crystal REIT investors, LLC
P. O. Box 735041
Dallas, TX 75373

American Express
Attn: Bankruptcy Dept.
P. O. Box 981535
El Paso, TX 79998

AT&T Bankruptcy Center
2270 Lakeside Blvd. 7th Fl.
Richardson, TX. 75082

AT&T Bankruptcy Dept.
P. O. Box 769
Arlington, TX 76004

Availity
P. O. Box 550857
Jacksonville, FL 32255

Bexar Appraisal District
P.O. Box 839946
San Antonio, TX 78283-3946

Bexar County
c/o Don Stecker
112 E. Pecan St. #2200
San Antonio, Texas 78205

DAS Health
1000 N. Ashley Dr. #360
Tampa, FL 33602

Doctor Multimedia Website
3750 S. Las Vegas Blve. #2702
Las Vegas, NV 89158

Hartford Insurance
200 Colonial Parkway #500
Lake Mary, FL 32746

Hartford Underwriters Ins. Co.
c/o IAS Inc.
Dep #6485
Birmingham, Al 35246

Internal Revenue Service
Special Procedures Group
300 E 8th St. STOP 5022AUS
Austin, TX 78701

Internal Revenue Service
Special Proc Insolv Sec
P. O. Box 7346
Philadelphia, PA 19101

James Michael Bluhm
11251 Woodridge Forest
San Antonio, TX 7849

James Michael Bluhm
11251 Woodridge Forest
San Antonio, TX 7849

Jerry Dennard
3250 Mid Hollow Dr.
San Antonio, TX 78230

Jose C. Rodriguez, Trustee
1101 W. 34th St. #223
Austin, TX 77805

Med Protective Group
23289 Network Place
Chicago, IL 60673

Mirion Technologies Inc.
P.O. Box 101301
Pasadena, CA 91189

PNC Bank
P. O. Box 1820
Dayton, OH 45401-1820

Randolph Brooks FCU
P.O. Box 2097
Universal City, TX 78148

Small Business Administration
801 Tom Martin Drive #120
Birmingham, AL 35211

Small Business Administration
Little Rock Comm.Loan Servicing
2120 Riverfront Dr, Suite 100
Little Rock, AR 72202

Superio Healthplan
P. O. Box 3003
Farmington, MO 63640

Texas Attorney General
P.O. Box 12548
Austin, Texas 78711

Texas Department of Human Services
P.O. Box 149055
Austin, Texas 78714-0055

Texas Medicaid
12365a Riata Trace Parkway
Ausitn, TX 78727

Texas Medicaid & Healthcare
P.O. Box 202948
Austin, TX 78720-2948

Texas Workforce Commission
101 E. 15th St., Rm 354 Main
Austin, Texas 78778

Texas Workforce Commission
TWC Revenue & Trust Mgmt
P.O. Box 149346
Austin, TX 78714

Tmobile
5238 DeZavala Rd. #111
San Antonio, TX 78249

U. S. Trustee
615 E. Houston St., #533
San Antonio, Texas 78205

United States Attorney
Attn: AUSA
601 N.W. Loop 410, #600
San Antonio, TX 78216

Well Tower OM Group
c/o James W. Jennings III
67 Stonewall Bend
San Antonio, TX 78256

Welltower/Welltower OM Group
4500 Dorr St.
Toledo, OH 43615

Zoom
55 Alameda Blvd, 6th Fl.
San Jose, CA 95113